DWS-UI Form 6 Rev. 10/08

16.Date of Birth (Month/Day/Year)

UTAH NEW HIRE REGISTRY REPORTING FORM

Submit within 20 days

- Photo Copy this Original for Future Use Important Instructions on Reverse Side
 - of new employee's PRINT Legibly in Ink, or Type All Entries first day of work to: Please Write all Entries in CAPS All Required Items MUST Be Completed
 - INTERNET

Utah New Hire Registry P.O. Box 45247 Salt Lake City Ut 84145-0247 or FAX (801) 526-4391 http://jobs.utah.gov/newhire

REQUIRED EMPLOYER INFORMATION 1. Federal Employer ID Number (FEIN) 2. Employer's Name 3. Employer's Street Address 4. Employer's City 5. Employer's 6. Employer's State Zip Code REQUIRED EMPLOYEE INFORMATION 7. Social Security Number (SSN): 8. Employee's First Name 9. Employee's Middle Initial 10.Employee's Last Name 11.Employee's Home Address 12.Employee's City 13.Employee's 14.Employee's State Zip Code **EMPLOYEE INFORMATION** OPTIONAL 15.Date of Hire (Month/Day/Year)